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Country programme document

Rwanda

Summary

The country programme document (CPD) for the Republic of Rwanda is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $36,580,000 from regular resources, subject to the availability of funds, and $103,291,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the annual session of 2018.

* E/ICEF/2018/8.
Note: The present document was processed in its entirety by UNICEF.

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Programme rationale

1. Rwanda has achieved significant progress in human and economic development over the past 20 years, and aims to reach middle-income status by 2020. It was one of the few countries that achieved all of the Millennium Development Goals. Political stability, strong governance, fiscal and administrative decentralization and zero tolerance for corruption are among the key factors that attributed to this growth and development.

2. Rwanda is predominantly young, with 5.4 million out of its estimated 11.8 million population under 18 years of age.[1] While three quarters of the population lives in rural areas, Rwanda is experiencing rapid urbanization.

3. Children's rights are protected by the Constitution of the Republic of Rwanda and by national legislation. Reports to the committees overseeing implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women were submitted in 2011 and 2015, respectively.

4. Poverty remains widespread, with 39 per cent of the population living below the poverty line, including 16 per cent in extreme poverty.[2] Children are disproportionally affected and experience multiple overlapping deprivations of their basic needs.[3]

5. To reduce poverty, the Government has progressively introduced a range of social protection schemes focused on vulnerable households. Government priorities include providing additional child- and gender-sensitive social protection services.[4] Some 67 per cent of households benefiting from the Vision 2020 Umurenge Programme include children, as do 89 per cent of the beneficiaries of public works programmes. While comprehensive social protection approaches could integrate income support and social service delivery for poor families, a recent decline in social sector investment and dependency on external financing present key obstacles.

6. Rwanda achieved the Millennium Development Goal targets for maternal and child mortality primarily because of its concerted investment in a comprehensive health system. However, the rates of under-five mortality in 2014–15 (50 deaths per 1,000 live births) and maternal mortality (210 deaths per 100,000 live births) remain high.[5] Mortality is significantly higher in rural areas and among the poorest families. Around 78 per cent of under-five deaths in health facilities occur due to neonatal complications.[6] Since 91 per cent of births take place in health facilities[7] and sick newborns are attended to in hospitals, strengthening the quality of services is key to reducing neonatal mortality.

7. High and equitable immunization rates and the prompt introduction of new vaccines have contributed to reductions in under-five mortality. However, only 54 per cent of children under 5 with symptoms of acute respiratory illness, 49 per cent with fever and 44 per cent with diarrhoea were taken to a health facility or provider,[8] indicating a need to improve caregivers' health-seeking behaviour.

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[1] National Institute of Statistics of Rwanda (NISR) and Ministry of Finance and Economic Planning (Rwanda), Fourth Population and Housing Census, Rwanda, 2012, Thematic Report, Population Projections, January 2014.
[2] NISR, Rwanda Poverty Profile Report 2013/2014, 2015.
[3] NISR and UNICEF Rwanda, Multidimensional Overlapping Deprivation Analysis, forthcoming in 2018.
[4] Ministry of Local Government, Social Protection Strategy 2018–2024, forthcoming in 2018.
[5] Rwanda Demographic and Health Survey (RDHS), 2014–15.
[6] Ministry of Health (MOH), 2015 Health Management Information System.
[7] RDHS 2014–15.
[8] RDHS 2014–15.

8. The HIV prevalence rate has stabilized at around 3 per cent, and prevention of mother-to-child transmission (PMTCT) of HIV coverage is 91 per cent.[9] Around 80 per cent of HIV-positive Rwandans receive antiretroviral treatment (ART); however, the rate for children aged 0–14 years is just 55 per cent.[10] Adolescents show low utilization of HIV testing, prevention and treatment services, and have a higher estimated HIV incidence compared to adults.[11]

9. Despite a decline from 44 per cent in 2010 to 38 per cent in 2014,[12] the stunting rate remains high, mainly due to inadequate dietary intake, repeated infections and low birthweight. Stunting is more common among boys, rural children and children in low-income households. The Government has made reducing stunting a major priority.

10. Rwanda has made steady progress towards achieving universal access to water and sanitation. However, the Sustainable Development Goals call for a more ambitious approach, with an emphasis on quality of services. Although 83 per cent of households are using improved sanitation, only 64 per cent have their own latrine.[13] Although 84 per cent of rural households have access to improved water sources, only 47 per cent have access within 500 metres of the home.[14] Only 5 per cent of households have observed hand-washing facilities with soap and water.[15] The lack of quality water, sanitation and hygiene (WASH) facilities is an important contributor to the high rates of stunting and disease.

11. The net primary enrolment rate is 98 per cent.[16] The 2016 move towards a competency-based curriculum was a major achievement; however, approximately half of students are not acquiring foundational knowledge during primary school, with lower rates for rural children. Access to early learning remains low, as evidenced in the 23 per cent pre-primary gross enrolment rate.[17] While gender parity has been achieved for pre-primary, primary and secondary education, national examination results indicate that boys outperform girls but are more likely to repeat grades or drop out of primary school.[18]

12. The lack of early childhood development (ECD) opportunities impedes optimal development and school readiness. Only 13 per cent of young children are enrolled in formal early learning centres, and fewer than half of primary caregivers carry out early learning activities at home.[19] The national Early Childhood Development Policy and a five-year Strategic Plan were revised, costed and endorsed in 2016, and outline cross-sectoral interventions in child health, nutrition, WASH, early childhood education, child protection and social protection.[20]

13. Several recent achievements have strengthened child protection: (a) Law No. 54/2011 of 14 December 2011 relating to the rights and the protection of the child; (b) the Justice for Children Policy; and (c) the establishment of the National Commission for Children. Professional social workers and psychologists are deployed in districts to focus on child care and protection, and to work alongside trained community volunteers. Nonetheless, high levels of violence against children persist: 28.2 per cent of boys and 24 per cent of girls have

[9] 2016 HIV National Strategic Plan Mid-term Review.
[10] Joint United Nations Programme on HIV/AIDS, UNAIDS country estimates 2017.
[11] UNICEF HIV/AIDS estimates, 2017, based on data provided by MOH.
[12] RDHS 2014–15.
[13] Rwanda Integrated Household Living Conditions Survey 2013/2014.
[14] Rwanda Integrated Household Living Conditions Survey 2013/2014.
[15] RDHS 2014–15.
[16] Ministry of Education, 2017.
[17] Ministry of Education, 2017.
[18] Ministry of Education, 2016.
[19] RDHS 2014–15.
[20] National Early Childhood Development Policy, 2016.

experienced physical violence, and 14.4 per cent of girls and 2.8 per cent of boys have experienced sexual violence.[21]

14. A total of 2,933 of 3,323 (88 per cent) institutionalized children have been placed into foster care or reintegrated with biological or extended families since 2012.[22] However, family-based placement of children with disabilities remains a major challenge.

15. In 2017, 67 per cent of children under 5 were registered at birth. Increasing birth registration rates are due to policy changes, more flexible systems for birth registration, and stronger linkages between hospitals and civil registration systems.

16. Income inequality has decreased over the past decade,[23] but significant disparities in access to and use of social services remain. For example, under-five mortality among children in the poorest quintile is twice as high as for children in the richest quintile.[24]

17. Rwanda ranks fifth globally in closing its gender gap. Remaining barriers relate to tertiary educational attainment, literacy, life expectancy and non-discriminatory gender roles.[25]

18. Rwanda is prone to natural disasters, including droughts, floods, landslides, earthquakes and volcanic eruptions. The country hosts more than 73,000 refugees from the Democratic Republic of the Congo and 89,500 from Burundi; 52 per cent of all refugees in Rwanda are children.[26]

19. The previous country programme yielded important lessons. First, in a decentralized system, focusing capacity development on central decision makers and service providers is insufficient; it needs to also involve local government officials and communities. Second, when modelling new services, it is essential to ensure systematic monitoring, costing, evaluation and documentation of impact to influence Government commitment to scale-up and long-term sustainability.

20. The new country programme priorities are as follows: reduce rates of neonatal and under-five mortality and stunting; improve learning and young child development outcomes; reduce violence against children; increase access to WASH services; and address child poverty.

21. While focused on all children, particularly those in the first 1,000 days of life and adolescents, priority will be given to the poorest, including refugees, children with disabilities and young mothers. The geographic focus will be on the poorest districts, particularly in the eastern and western provinces and in the rural areas.

Programme priorities and partnerships

22. Guided by the 2030 Agenda principle of "leaving no one behind", the country programme will contribute to five priorities under the social transformation pillar of the National Strategy for Transformation 2017–2024: (a) Ensuring access to quality health for all; (b) Reducing malnutrition; (c) Ensuring access to and improving the quality of education; (d) Moving towards a modern Rwandan household, and; (e) Enhancing graduation from poverty and promoting resilience.

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[21] RDHS 2014–15.
[22] National Commission for Children administrative data for 2017.
[23] Between 2005–2006 and 2013–2014, the Gini coefficient declined from 0.522 to 0.448.
[24] RDHS 2014–15.
[25] World Economic Forum, Global Gender Gap Index 2016.
[26] According to data from the Office of the United Nations High Commissioner for Refugees, updated on 31 December 2017.

23. The country programme will be implemented as part of the United Nations Development Assistance Plan 2018–2023 (UNDAP II), specifically contributing to Strategic Result Area 2: Social Transformation.

Programme approaches and strategies

24. In collaboration with the Government and in partnership with other United Nations entities, six key strategies will be employed:

(a) Programming for at-scale results for children by fostering multisectoral programming and focusing on capacity development to improve service quality, particularly at decentralized levels;

(b) Gender-responsive programming to address the remaining disparities;

(c) Mainstreaming adolescent-sensitive approaches across all programmes;

(d) Leveraging resources and partnerships for children, including strengthening collaboration with the private sector and engagement with communities;

(e) Enhancing the use of innovation for children, including expanding the use of technology to achieve results;

(f) Harnessing evidence to influence change for children – through research, policy analysis and evaluation – as well as collection, analysis and utilization of data.

25. UNICEF will work at the national level to influence policy and budgeting and to promote multisectoral coordination. While the programme will have nationwide reach, it will adopt a systems-strengthening approach to deliver an integrated package of quality social services in the 14 districts with the highest burden of poverty and stunting.

26. The continuing response of UNICEF in humanitarian situations will be integrated across programmes in line with the Core Commitments for Children in Humanitarian Action and the Rwanda Refugee Response Plan 2018. Under the leadership of the Ministry of Disaster Management and Refugee Affairs and the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF will continue to serve as the United Nations co-coordinator for the refugee response in WASH, child protection, education, ECD and health (with the World Health Organization (WHO)), and nutrition (with the World Food Programme (WFP)).

27. Given that poor households with children are extremely vulnerable to external shocks, UNICEF will ensure that programmes focus on strengthening community resilience including by contributing to national efforts to develop adaptive social protection mechanisms.

28. Collaboration will be strengthened with civil society, including local non-governmental organizations and academia. International development partnerships, including those with Japan, the Netherlands, the United Kingdom of Great Britain and Northern Ireland, the United States of America and international financing institutions such as the World Bank, will be enhanced.

29. Working with the private sector, UNICEF will continue to influence local markets, building on existing partnerships in ECD, nutrition and WASH.

Theory of change

30. The overall theory of change towards achievement of the country programme's desired outcomes is as follows:

If the quality of essential social services is improved, and;

If high-coverage essential social services and interventions are maintained, and;

If the scale-up of low-coverage essential social services and interventions is accelerated, and;

If children, parents and caregivers demand quality services and practice safe behaviours, and;

If the governance system and high-level commitment are in place to ensure that policies based on the latest evidence are reaching every child, starting with the most deprived, and;

If decentralized social sector authorities have improved skills and capacity to plan, coordinate and manage service delivery:

Then more children in Rwanda will develop to their full potential and live in environments that are safe, protective and conducive to their needs.

31. This assumes four conditions are maintained: (a) High political commitment and investment to achieve the child-related Sustainable Development Goals; (b) Relative political and social stability in the region; (c) Effective coordination among development partners and "One UN"; and (d) UNICEF has adequate resources to contribute to the national development agenda.

Programme priorities

32. The country programme will comprise eight programme components (outcomes) as described below.

Child health

33. This outcome area will contribute to reducing child and adolescent mortality by increasing the use of quality, high-impact health and HIV interventions for young children, adolescents and women, through strengthened health systems.

34. UNICEF will support the Ministry of Health to update its protocols, enhance data monitoring and review mechanisms, and train, supervise and mentor health workers. UNICEF will work with the Government to develop procurement and supply chain management strategies to ensure availability of essential maternal and child health commodities.

35. Technical and financial support will be provided to accelerate low-coverage interventions, including intrapartum care and management of sick newborns, postnatal care of healthy neonates, antenatal care, and diagnosis and treatment of paediatric HIV. In collaboration with WHO, the Joint United Nations Programme on HIV/AIDS and other partners, UNICEF will design, implement and assess, for scale-up, strategies to identify children and adolescents living with HIV and link them with care.

36. UNICEF will monitor progress and identify strategies to maintain high coverage with interventions including PMTCT of HIV and immunization.

37. UNICEF will support the establishment of a web-based patient management system at health facilities that is interoperable with other health information technologies. The system will provide real-time data and assist service providers to improve the quality of care.

38. To improve health-seeking behaviours, UNICEF will support communication focused on parents and caregivers. Innovative approaches will be explored, including expanding existing platforms, such as RapidSMS, to reach households directly.

39. UNICEF will strengthen community capacities to promote adolescent HIV testing, increase ART coverage for children, and link treatment and peer-support services, particularly in areas where there is high HIV prevalence.

40. In humanitarian settings, UNICEF will collaborate with the Government, WHO and other partners to strengthen health systems and fill commodity and service-delivery gaps.

Child nutrition

41. This outcome area will contribute to the scale-up of high-impact, multisectoral interventions that address the causes of maternal and child undernutrition, particularly stunting.

42. UNICEF will collaborate with the Ministry of Health, WHO, WFP and other partners to strengthen the capacity of health staff to promote social and behaviour change; prevent and manage cases of maternal and child undernutrition; provide supportive supervision at the community and health facility levels; and ensure that under-5 children with severe acute malnutrition are promptly identified and admitted to therapeutic services. Essential equipment and supplies will be provided, in development and humanitarian situations, along with skills development in supply chain management.

43. UNICEF will continue to support the Government's decentralization efforts by providing technical and financial support to enable districts to plan, implement and monitor nutrition-related activities.

44. Under the 1,000 days campaign, UNICEF will continue to support actions to ensure that parents and caregivers have the requisite skills and a supportive community environment to provide adequate child care, including through appropriate feeding practices. Efforts will aim to positively influence male attitudes towards maternal and child nutrition. UNICEF will continue to document, model and support scale-up of nutrition-sensitive interventions, including savings and lending groups, kitchen gardens and the integration of nutrition in ECD services.

45. UNICEF will continue to support government efforts in multisectoral coordination and monitoring and evaluation, and will leverage new nutrition partnerships, or strengthen existing ones, ensuring effective coordination among development partners.

Early childhood development

46. This outcome area will contribute to additional young children, especially the most marginalized and those in humanitarian situations, benefiting from quality ECD interventions.

47. Working in collaboration with the National Early Childhood and Development Programme under the Ministry of Gender and Family Promotion, UNICEF will support the establishment of model centres of excellence in each district and the scale-up of low-cost community-based ECD services, including identification, training, mentoring and supervision of ECD caregivers. Referral mechanisms with other social services will be modelled and supported for scale-up.

48. UNICEF will promote community-based activities to assist parents or caregivers and other family members to adopt responsive childcare practices, including early stimulation and learning, and access to quality health, nutrition and social protection services.

49. UNICEF will continue to support the strengthening of multisectoral ECD planning, implementation, monitoring and coordination at national and district levels.

50. The development of a systematic ECD monitoring system and an analysis of implementation of the national ECD policy will also be supported.

Education

51. This outcome area will contribute to more children, particularly the most vulnerable, including refugees and children in humanitarian situations, benefiting from inclusive, equitable and high quality learning opportunities.

52. UNICEF will continue to support implementation of the competency-based curriculum, including pre-service teacher training and nationwide expansion of the school-based mentoring programme.

53. UNICEF will continue to model pre-primary programmes in multiple settings to inform scale-up, and assist with implementation of the play- and competency-based pre-primary curriculum.

54. Systematic support will be provided to service providers, institutions and communities to reduce stigma and discrimination against children with disabilities. In collaboration with the Rwanda Education Board, UNICEF will support pre- and in-service training on inclusive education pedagogy.

55. UNICEF will address gender-equity in education by tackling harmful social norms, and by working with the most marginalized girls to address disparities in learning outcomes.

56. In humanitarian situations, to ensure that children have access to education, UNICEF will work with the Government, UNHCR and other partners to provide materials, facilities and staff and to promote the importance of education.

57. UNICEF will provide technical support to develop integrated data management systems for improved efficiency in the education system. UNICEF will assist the Ministry of Education and teacher training colleges to improve the systematic use of data for decision-making on pre- and in-service training needs.

Child protection

58. This outcome area will contribute to all children benefiting from an improved child protection system, based on the following priorities: reducing violence; reintegrating institutionalized children, including children with disabilities, into families; ensuring that refugee children can access child protection systems; and improving children's access to justice.

59. Working with the National Commission for Children, the Ministry of Gender and Family Promotion, the University of Rwanda and civil society partners, UNICEF will support in-service training of the professional and para-professional child protection workers and other frontline workers to identify, prevent and respond to cases of violence and provide referrals to relevant services. UNICEF will provide technical and financial support to promote professionalization of the social sector workforce, develop guidance on integrated case management for service providers, and mainstream child protection into the curricula of tertiary educational institutions.

60. UNICEF will collaborate with diverse partners to implement a multisectoral response to all forms of violence, based on the findings of the Violence against Children and Youth Survey (2015–2016). Drivers of violence and factors that prevent children from speaking out will be addressed through further qualitative analysis, support to existing child- and adolescent-friendly platforms, and development of strategies for overcoming harmful social norms.

61. To ensure that services are aligned with international standards, UNICEF will work with the Ministry of Justice to promote implementation and enforcement of the Justice for Children Policy.

62. UNICEF will provide technical support to the Ministry of Gender and Family Promotion, other ministries and the National Commission for Children to coordinate activities through a national working group, review existing legislation on children, advocate for increased public financing for child protection and promote protection of children with disabilities.

63. Support will be provided to the National Institute of Statistics of Rwanda, the Ministry of Local Government and the Ministry of Health to accelerate birth registration and certification, including through increasing awareness and demand for such services.

64. In humanitarian situations, UNICEF will collaborate with the Government, the National Commission for Children, UNHCR and Save the Children to increase access to gender- and age-appropriate child protection services for refugee children.

Water, sanitation and hygiene

65. This outcome area will contribute to additional households, particularly in rural areas and humanitarian contexts, having access to safe and sustainable WASH services, and children and their families practising key hygiene behaviours.

66. UNICEF will provide technical support to strengthen administrative data systems to improve decision-making and to develop sustainable financing for WASH, including innovative financing mechanisms and leveraged private capital.

67. To increase households' investment in and use of basic sanitation facilities and appropriate hygiene practices, UNICEF will support the Community-Based Environmental Health Promotion Programme and work with partners to strengthen the availability of affordable sanitation and hygiene products and services in rural markets.

68. UNICEF will support improved reliability and accountability of rural water supply services through private operators to ensure that more families have sustainable access to safe water. UNICEF will model innovative infrastructure, strengthen service provision models, support community water-safety planning, and build capacity of district authorities, relevant government departments, and private operators.

69. In humanitarian situations, UNICEF and partners will ensure availability of adequate water and sanitation services and promote safe hygiene behaviours.

70. UNICEF will advocate for the inclusion of WASH in health facilities and schools. In supporting the acceleration of a comprehensive approach to WASH in schools, special attention will be given to the needs of adolescent girls in menstrual hygiene management.

71. UNICEF will support inter-sectoral linkages, including with the environmental sector, to mitigate the impact of climate change and land-use changes, and with the health and nutrition sectors to coordinate behaviour-change approaches.

Social policy

72. This outcome area contributes to the other outcome areas by supporting the Government to reduce multidimensional child poverty, as measured by overlapping deprivations in health, nutrition, WASH and education. In partnership with the National Institute of Statistics of Rwanda and development partners, support will be provided to produce data on multidimensional child poverty to measure relevant-poverty targets of the Sustainable Development Goals. The Government will be supported to expand access to integrated social protection mechanisms for poor families.

73. UNICEF will support national and district-level officials to undertake and use research and budget analyses to plan efficient and integrated programmes for children experiencing multidimensional deprivation. This will include generating evidence on emerging drivers of deprivations, such as population growth, urbanization and environmental changes.

74. UNICEF will conduct an analysis of sectoral strategies to determine opportunities for beneficiaries to access multiple complementary services. The organization will support model options to further embed integrated "cash-plus" interventions into social sector programmes.

75. UNICEF will continue to support improved collection of administrative data on children living in poverty, model options for improved targeting, assess the adequacy of direct social assistance specific to the needs of the poorest children, and strengthen case management and referral mechanisms.

76. With the Ministry of Local Government, the Local Administrative Entities Development Agency and the World Bank, UNICEF will help implement communication strategies to ensure that poor families are aware of their entitlements and have the confidence to demand quality social protection services.

Programme effectiveness

77. This outcome supports effective programme planning, management, monitoring and quality assurance, and ensures coordination between UNICEF and the UNDAP II in the spirit of "Delivering as one."

78. Communication for social and behaviour change will be coordinated across programmes to increase knowledge and skills to improve health, nutrition, sanitation and hygiene practices and early learning, and to reduce violence against children and sustain demand for quality social services. Communication technology and innovative approaches will be used to build skills among service providers.

79. Using digital and traditional communication, UNICEF will seek to inspire key decision makers, opinion leaders, the media and the public to act in the best interests of children in Rwanda. UNICEF will continue to strengthen the capacity of the media, civil society, children and youth to advocate for policy change and promote child rights. Partnerships will focus on the private sector to leverage investment in children and advocate for child-friendly business practices.

80. Cross-sectoral support will be provided to mainstream gender-responsive programming and accountability to affected populations, and to ensure coherence and coordination in emergency preparedness and response and resilience-strengthening actions.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child health	4 462	16 307	20 769
Child nutrition	2 562	24 734	27 296
Early childhood development	2 352	7 054	9 406
Education	5 719	18 404	24 123
Child protection	4 382	7 718	12 100
Water, sanitation and hygiene	2 562	12 379	14 941
Social policy	4 498	6 282	10 780
Programme effectiveness	10 043	10 413	20 456
Total	**36 580**	**103 291**	**139 871**

Programme and risk management

81. This document serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

82. The country programme is overseen by the Ministry of Finance and Economic Planning and line ministries. The UNDAP II will be implemented under the leadership of the United Nations country team and coordinated by the Ministry of Finance and Economic Planning.

83. Key risks for achieving the expected country programme results and planned mitigation measures include:

(a) *Humanitarian emergencies*: With other United Nations entities, UNICEF will support the Government and civil society in disaster preparedness and response, developing their capacity to plan for, coordinate and respond to humanitarian crises, including potential increases in the number of refugees or returnees. UNICEF will ensure readiness by maintaining pre-positioned supplies and contingency partnership agreements.

(b) *Insufficient financial resources*: Within a dynamic donor landscape, UNICEF will consolidate and strengthen relationships with current donors and forge new partnerships, including with the private sector.

(c) *Adequacy of systems, coordination mechanisms and procedures for United Nations partners working together*: The UNDAP II provides opportunities for better definition and management of joint programmes and simplified management and reporting procedures.

84. UNICEF will continue to manage risk through implementation of the harmonized approach to cash transfers.

Monitoring and evaluation

85. Monitoring, research and evaluation activities will be defined by the results and resources framework, UNDAP II results framework, UNICEF Strategic Plan 2018–2021, and the Eastern and Southern Africa regional priorities. These will be complemented by a multi-year rolling integrated monitoring and evaluation plan, including a costed evaluation plan that highlights six planned evaluations.

86. Results will be assessed at midyear and annual reviews, and will inform UNICEF annual work planning and reporting. Field monitoring, including through joint programme visits and end-user supply monitoring, will be conducted to verify progress in programme implementation. Bottleneck analyses will be reviewed twice yearly to test the theory of change pathways and identify necessary adjustments.

87. In collaboration with other United Nations entities and partners, UNICEF will support the Integrated Household Living Conditions Survey in 2018, the Demographic and Health Survey in 2019/20 and the Fifth Population and Housing Census in 2022, and work to strengthen national monitoring and evaluation systems including those that measure progress towards the Sustainable Development Goals.

Annex

Results and resources framework

Rwanda – UNICEF country programme of cooperation, 2018–2023

Convention on the Rights of the Child: Articles 1–26

National priorities:

- National Strategy for Transformation (2017–2024) Social Transformation pillar – Priority Areas 1–5

Sustainable Development Goals: 1–6 and 16

United Nations Development Assistance Plan 2018–2023 (UNDAP II) outcomes involving UNICEF:

- Strategic Result Area 2: Social Transformation, Outcomes 3 and 4
- Strategic Result Area 3: Transformational Governance, Outcome 6

Related UNICEF Strategic Plan, 2018–2021 Goal Areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Child health More young children, adolescents and women use improved, equitable and high-impact maternal, newborn, and child health (MNCH) and HIV services.	Percentage of births with a postnatal check-up for newborns in the first two days after birth B (2015): 19% T: 35%	Rwanda Demographic and Health Survey (RDHS)/Health Management Information System (HMIS)	Health system provides improved MNCH and HIV quality of care from a mother's pregnancy through her child's adolescence. New evidence is generated and policies and strategies on MNCH and HIV are updated to be in line with global recommendations. More communities have increased capacity to improve family care practices and health-seeking behaviour for MNCH and HIV.	Ministry of Health (MOH); Rwanda Biomedical Centre; civil society organizations (CSOs); districts; World Health Organization (WHO); United Nations Population Fund; UNAIDS	4 462	16 307	20 769
	Percentage of children who receive three doses of pentavalent vaccine by 12 months B (2015): 98% T: 98%	RDHS/HMIS					
	Percentage of HIV-positive children (0–14 years) who receive antiretroviral therapy B (2016): 55% T: 80%	HMIS/Joint United Nations Programme on HIV/AIDS (UNAIDS) reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
2. Child nutrition More children under 5, pregnant and lactating women, and adolescents access and utilize quality and effective nutrition services, and adopt improved nutrition practices.	Percentage of children 6–23 months fed a minimum number of food groups B (2015): 29% T: 50%	RDHS	Capacity is enhanced for nutrition governance at both central and decentralized levels. National systems have strengthened capacity to deliver at scale improved and good quality nutrition-specific and nutrition-sensitive interventions. More parents and caregivers demonstrate key nutrition practices.	MOH; Rwanda Biomedical Center; CSOs; districts; WHO; World Food Programme.	2 562	24 734	27 296
	Percentage of severely acutely malnourished children admitted for treatment who default B (2016): <15% T: <10%	HMIS/ administrative reports					
3. Early childhood development (ECD) Young children and families, especially the most vulnerable, are utilizing quality ECD services.	Percentage of children attending organized ECD programme B (2015): 12% boys; 14% girls; 3% of the poorest T: 30% for all	RDHS	The ECD policy environment and coordination mechanisms are improved. Increased availability of good quality ECD services for young children and their families. More families are aware of, and provide, nurturing and responsive care for young children.	Ministry of Gender and Family Promotion (MIGEPROF); National Early Childhood Development Program; Ministry of Education; IKEA Foundation; CSOs; Media	2 352	7 054	9 406
	Percentage of children whose primary caregivers promote early learning at home B (2015): 49% for boys and girls; 36% of the poorest T: 70% for all	RDHS					
4. Education Children, including those in humanitarian situations, are provided with inclusive and equitable quality education and learning opportunities.	Pre-primary gross enrolment rate B (2017): 24% T: 48%	Education Statistical Yearbook	Children have increased access to basic education. Children have enhanced quality of education for improved learning outcomes. Children have improved gender-equitable opportunities in education.	Ministry of Education; Rwanda Education Board; United Kingdom Department for International Development (DFID); CSOs	5 719	18 404	24 123
	Percentage of improvement in learning outcomes (P6 level) B (2014): 44% (literacy); 38% (numeracy) T: 55% (literacy); 52% (numeracy)	Learning Achievement in Rwandan Schools reports					
5. Child protection	Number of reported cases of violence against children	Rwanda National Police records	Government institutions have improved capacity to legislate,	MIGEPROF; NCC;	4 382	7 718	12 100

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
More children, including those in humanitarian situations, are better protected from violence, neglect, abandonment and exploitation.	B (2017): 3,250 T: 6,000		plan, coordinate, budget and enforce child protection at all levels. Child protection service providers are better able to deliver quality and timely child protection services, including referrals to other services at all levels. Children and their families are better empowered to prevent and respond to violence, neglect, abandonment and exploitation.	Ministry of Justice; National Institute of Statistics of Rwanda; Rwanda National Police; CSOs			
	Number of children without adequate parental care who are reintegrated into family-based care, including children with disabilities B (2017): 2,933; 0 children with disabilities T: 3,743; 420 children with disabilities	National Commission for Children (NCC) reports					
6. Water, sanitation and hygiene More households in rural and urban areas use safe, basic and sustainable WASH services, including in humanitarian situations.	Percentage of the population using basic drinking water services B: rural: 49%; urban: 77% T: rural: 70%; urban: 100%	WHO/UNICEF Joint Monitoring Programme (JMP) reports	More communities, particularly in rural areas, access sustained, safe, resilient basic water supply services. More children, particularly in rural areas, access basic sanitation and practise hand-washing with soap.	Ministry of Infrastructure; MOH; districts; Water and Sanitation Corporation; Rwanda Utilities Regulatory Authority; Ministry of Local Government (MINALOC); CSOs; private sector	2 562	12 379	14 941
	Percentage of the population using basic sanitation services B: rural: 64%; urban: 57% T: rural: 85%; urban: 80%	JMP					
	Percentage of the population with a hand-washing facility with soap and water available at home B: rural: 2%; urban: 13% T: rural: 25%; urban: 35%	JMP					
7. Social policy The poorest children in Rwanda benefit from a strengthened and adequately resourced integrated social protection system.	Number of households reached by cash transfer programmes B (2017): 227,477 T: 435,305	Social protection joint sector review reports	Strengthened cross-cutting national policy framework and programmes are developed to address multidimensional child poverty. National and decentralized duty-bearers have increased capacity to plan integrated programmes	MINALOC; Local Administrative Entities Development Agency; DFID; World Bank	4 498	6 282	10 780
	Percentage of public spending on health, education and social	Ministry of Finance and Economic Planning					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	protection benefiting children B (2017): 25.2 % T: 25.4 %	annual budget execution reports	for multidimensionally deprived children. The poorest households with children have improved capacity to demand access to quality social services.				
8. Programme effectiveness The country programme is effectively designed, coordinated, managed and supported to achieve results for children.	Percentage of management and programme priority indicators meeting scorecard benchmarks B (2017): 93% T: 100%	UNICEF dashboards	UNICEF staff and partners are provided guidance and resources to plan and monitor programmes. UNICEF staff and partners are provided guidance and resources for effective advocacy and partnerships on child rights issues.	Government, private sector, media	10 043	10 413	20 456
	Percentage of other resources against country programme planned amount B (2017): 40% T: 100%	Dashboard					
Total resources					**36 580**	**103 291**	**139 871**